

**IMPORTANT INSTRUCTIONS FOR RECEIVING REIMBURSEMENT OR PAYMENT FOR TUITION OR SERVICES AWARDED AT AN IMPARTIAL HEARING**

1. If there is a pendency or final decision ordering the Department of Education to reimburse a party for school tuition paid or services already rendered, and documents described below **FAILED** to be introduced as evidence at the hearing, you will not be reimbursed unless the missing documentation is submitted to the Department of Education

**DOCUMENTATION REQUIRED FOR PARTIES SEEKING REIMBURSEMENT FOR SCHOOL TUITION PAID AND OR SERVICES RENDERED OR A DEVICE**

- Signed tuition/services contract between school/provider and parent indicating cost and enrollment period,
- Invoice for tuition/services/device on school/provider letterhead detailing services provided (e.g., # sessions, duration of session, rate and date(s) of service) or the full cost of the device,
- Name of vendor and/or hourly rate.

**AND ANY OF THE FOLLOWING PROOFS OF PAYMENT**

1. Cancelled check(s) both side – payable to school/provider; OR
2. Credit card statement(s) – clearly detailing provider and amount paid; OR
3. Bank statement(s) (paper or on-line) – clearly indicating provider and amount paid.

**SPECIAL INSTRUCTIONS FOR CASH/MONEY ORDER PAYMENTS**

If payment was made by cash or money order, please fill out the Parent Affidavit of Cash or Money Order Payment (see attached) and send the completed original form to the Impartial Hearing Office for processing.

**PARENTS THAT HAVE NEVER BEEN REIMBURSED BY THE CITY OF NEW YORK OR REQUIRE THEIR PAYMENT INFORMATION TO BE UPDATED**

- Complete W9 form (PARENT VERSION) for parties seeking reimbursement for the first time or if the payment information (e.g, mailing address) has changed. (copy attached).

**REIMBURSEMENT FOR TOLL, MILEAGE AND/OR FUEL COSTS**

Parties awarded reimbursement for transportation cost will be reimbursed at the current rate set by the Internal Revenue code and any additional costs (tolls and/or fuel) will only be reimbursed if specified in the decision. Acceptable proofs of payments for transportation costs include cash receipts, credit card statements, or parent's affidavit. A mileage log is also required (see attached). Reimbursement is for private car service requires a detailed receipt with the car service name, child's name, destination, date, time, and cost.

You will be required to send copies of documents to:

Impartial Hearing Office  
131 Livingston Street, Room 201  
Brooklyn, NY 11201  
Attn: Reimbursement Documentation  
Telephone number 718- 935-3280  
Fax Number 718-935-2528

Please make sure that ALL documentation submitted to this office includes the Impartial Hearing Office six digit **CASE NUMBER**. Reimbursement will be limited to the amount equal to the proof submitted. So please make sure you send all the paperwork needed to cover the amount for which you are seeking payment

Rev. September 2010

DO NOT SUBMIT FORM TO  
IRS - SUBMIT FORM TO  
REQUESTING AGENCY.

3/04 Revision

**CITY OF NEW YORK  
SUBSTITUTE FORM W-9: REQUEST FOR  
TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

**Part I: Vendor Information**

1. Legal Business Name:

2. If you use DBA, please list below:

3. Entity Type (Check one only):

|   |                                      |  |  |  |                                 |
|---|--------------------------------------|--|--|--|---------------------------------|
| <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Corporation | <input type="checkbox"/> Government            | <input type="checkbox"/> City of New York Employee   | <input type="checkbox"/> Individual / Sole Proprietor      | <input type="checkbox"/> Trust  |
| <input type="checkbox"/> Joint Venture          | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Resident/Non-Resident Alien | <input type="checkbox"/> Non-United States Business Entity | <input type="checkbox"/> Estate |

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

1. Enter your TIN here: (DO NOT USE DASHES)

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

2. Taxpayer Identification Type (check appropriate box):

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Employer ID No. (EIN) | <input type="checkbox"/> Social Security No. (SSN) | <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) | <input type="checkbox"/> N/A (Non-United States Business Entity) |
|--|--|--|--|

**Part III: Primary 1099 Vendor & Remittance Address**

1. Primary 1099 Vendor Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

**Part IV: Exemption from Backup Withholding**

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

☐ Exempt from Backup Withholding

**Part V: Certification**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

Signature

Phone Number

Date

Print Preparer's Name

Phone Number

**FOR SUBMITTING AGENCY USE ONLY**

Submitting Agency Code: \_\_\_\_\_

Submitting Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Payee/Vendor Code: \_\_\_\_\_

**DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST FAX COMPLETED W-9 FORMS TO: 718 - 935-2155**



**Department of  
Education**

Joel I. Klein  
Chancellor

**DIRECT REIMBURSEMENT  
SOCIAL SECURITY NUMBER FORM**

This form is only for parents who are or may be eligible for reimbursement from the New York City Department of Education (NYC DOE) for direct payments made by parents to outside vendors for services or tuition for their children with disabilities. Use of this form for any other purpose is not authorized and may delay payments from the City of New York or the NYC DOE. If you are eligible for or seek other forms of payment from the City of New York or the NYC DOE, you may be required to complete a W-9 form for that purpose.

|   |                                   |
|---|-----------------------------------|
| Parent Name _____   | Phone Number _____                |
| Address: _____  |                                   |
| City: _____   | State _____ Zip Code _____        |
| Primary Phone Number: _____   | Alternative Contact Number: _____ |
| Parent's Social Security Number: _____ - _____ - _____  |                                   |
| Child Name: _____   |                                   |
| IHO Case Number: _____  |                                   |
| Certification: Under penalties of perjury, I certify that the number shown on this form is my correct social security number. |                                   |
| Signature: _____  | Date: _____                       |
| Parent  |                                   |

Please return this form to:

Send to: \_\_\_\_\_ Impartial Hearing Office  
131 Livingston Street, Room 201  
Brooklyn, New York 11201  
Fax: 718-935-2528

\_\_\_\_\_ Non-Public Schools Payables  
65 Court Street, 15<sup>th</sup> Floor  
Brooklyn, New York 11201  
Attn: Impartial Hearing Unit

Other: \_\_\_\_\_ (office)

New York City Department of Education

\_\_\_\_\_ (address)

\_\_\_\_\_

\_\_\_\_\_ (attention)